		Staff		Action Plan	
Improvement Activity	Timeline	Responsible	Action Plan	Timeline	Status
15.1 Provide a comprehensive general supervision system to ensure timely correction of noncompliance.	2005/06- 2010/11	E) DESE Compliance Supervisors II) RPDC Compliance Consultants	Self-Assessment 1. File reviews completed and final reports sent to districts (E) 2. Corrective action plans submitted by districts and approved (E)	 September Within 30 days of final report 	Active
		E) Compliance Supervisors B) Compliance Assistant	Review submission of individual noncompliance corrected and sampled for completion (E)	3. Within 3 months of final report	
		Director C) Compliance Director D) Compliance Legal Assistant	4. Evidence of correction of pervasive noncompliance submitted and approved a. If documentation is not sufficient, more is requested until all noncompliant indicators are corrected (E, II)	4. No later than 12 months from date of final report	Active
			Part C to Part B and Initial Timeline Review 1. Timeline submissions reviewed for compliance(E)	1. 1.May	Active
		I) Data staff	2. Corrective action plans developed(II)	2. September	
		E) Compliance Supervisors	3. Review required follow-up timeline submission showing correction of practices(E)	3. Within 12 months of date of report	
		II) RPDC Compliance Consultants	Due process/child complaint corrective actions 1. Decision requires some corrective action by the district	1. Ongoing	
			Staff maintains spreadsheet of decisions and dates due (D)	2. Weekly	
		I) Data Staff E) Compliance Supervisors	3. Assistant director and director monitor timelines and contact districts prior to due date to ensure actions have been completed (B,C)	3. According to decision timelines, but never to exceed 12 months from	

	P) Effective Practices Supervisor II) RPDC Compliance Consultants	Disproportionate Representation 1. Data review to identify districts with disproportionate representation.(I, E) 2. File review completed (E) 3. Noncompliance identified and corrective action plan submitted (II) 4. Documentation of correction submitted to DESE verified within 12 months of identified noncompliance (E) Discipline 1. Data review and onsite review for districts identified (I,E) 2. Team determines need for corrective action plan/improvement plan(I,E,P) 3. Targeted technical assistance(II)	1. February 1 2. October 3. January 15 4. within 12 months of identified noncompliance 1August 2. October 3. Periodically as	
		4. Submission of documentation showing correction of all noncompliance(E)	needed 4. Within 12 months of final report	
		Evaluation of Impact Maintain or increase to 100% correction of noncompliance within 12 months for SPP Indicator 15.		
C 1	05/06- 10/11 E) Compliance Supervisors II) RPDC Compliance	Review needs assessments completed by districts and results of previous file reviews.(E,II)	1. September/October 2	Active

plans.		Consultants	Provide training on development and implementation of correction action plans for identified districts based on the results of self-assessments (II) Evaluation of Impact Evaluation of corrective action plans for inclusion of effective strategies for correction of all noncompliance within 12 months	2. Ongoing	
15.3 Manage system to ensure timely correction of noncompliance	2006/07-2010/11	E) Compliance Supervisors II) RPDC Compliance Consultants LL) Coordinator for Services C) Compliance Director	1. Contact RPDC Compliance Consultants regarding individual school's status for correction of noncompliance.(E) 2. Provide timeline information on correction of non compliance to schools.(E,II) 3. Follow-up with individual districts as needed for technical assistance and reminders of upcoming deadlines.(E,II) 4. If districts continue to have noncompliance issues, Director of Compliance, Coordinator of Special Education, and Assistant Commissioner for Special Education may take action. (C,LL) Evaluation of Impact 100% Completion of correction of noncompliance prior to the 12-month deadline. Continued or improved performance on SPP Indicator 15.	 September and monthly thereafter At least monthly until correction is completed As needed As needed 	Active
15.4 Provide information on evidence based practices and strategies for improving performance on this indicator	2010/11	P) EP Supervisor responsible for MORE	Collect/Evaluate/Analyze, Post and Update evidence based strategies and practices to the MORE site from a broad, nationwide perspective. (P) Collect/Evaluate/Analyze information on evidence based strategies and practices	Ongoing	Active

that are Missouri specific. (P)
3. Collect/Evaluate/Analyze information on Missouri specific evidence based strategies and practices submitted by the DESE staff and RPDC consultants (P)
4. Provide Missouri specific information by category to the NCRRC for quarterly posting. (P)
5. Develop and add appropriate definitions to strategic sections of the MORE site for clarification. (P)
6. Develop strategies for MORE site search engine optimization. (P)
7. Manage/Support appropriate search engine optimization changes when approved by the DESE. (P)
8. Develop methods to make the MORE site more user friendly. (P)
9. Develop a plan to increase the visibility and use of the MORE site. (P)
 Evaluation of Impact Size and quality of the MORE data base increases. The usage numbers for the MORE site increase Stakeholder feedback on awareness of indicators and MORE is a valuable tool for locating Evidence Based Practices